

Drexel University Full-Time Employees 2025 Bi-Weekly Medical Contributions

MEDICAL						
Coverage level	Point of Service					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$227.56	\$49.57	\$277.13	\$38.64	\$21.63	\$60.27
Employee + Child	\$297.23	\$78.81	\$376.04	\$102.04	\$34.38	\$136.42
Employee + Children	\$382.33	\$83.43	\$465.76	\$150.10	\$36.39	\$186.49
Employee + Spouse	\$447.85	\$114.04	\$561.89	\$151.06	\$49.75	\$200.81
Family	\$591.31	\$146.42	\$737.73	\$207.27	\$63.88	\$271.15

Personal Choice PPO - Basic Option						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
	Waive Coverage	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00
Employee Only	\$314.62	\$49.57	\$364.19	\$112.73	\$21.63	\$134.36
Employee + Child	\$266.90	\$78.81	\$345.71	\$374.09	\$34.38	\$408.47
Employee + Children	\$263.97	\$83.43	\$347.40	\$590.77	\$36.39	\$627.16
Employee + Spouse	\$376.77	\$114.04	\$490.81	\$584.72	\$49.75	\$634.47
Family	\$532.90	\$146.42	\$679.32	\$749.12	\$63.88	\$813.00

Personal Choice PPO - High Option						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
	Waive Coverage	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00
Employee Only	\$293.18	\$49.57	\$342.75	\$197.69	\$21.63	\$219.32
Employee + Child	\$222.80	\$78.81	\$301.61	\$513.48	\$34.38	\$547.86
Employee + Children	\$236.17	\$83.43	\$319.60	\$745.63	\$36.39	\$782.02
Employee + Spouse	\$330.81	\$114.04	\$444.85	\$773.64	\$49.75	\$823.39
Family	\$442.74	\$146.42	\$589.16	\$1,029.88	\$63.88	\$1,093.76

Consumer Directed Health Plan with HSA						
Coverage level	Drexel Pays			Employee Pays		
	Medical & Rx	Rx	Total Medical & Rx	Medical & Rx	Rx	Total Medical & Rx
	Waive Coverage	\$30.77	\$0.00	\$66.67	(\$30.77)	\$0.00
Employee Only	\$241.66	\$0.00	\$241.66	\$21.30	\$0.00	\$21.30
Employee + Child	\$335.99	\$0.00	\$335.99	\$63.42	\$0.00	\$63.42
Employee + Children	\$410.35	\$0.00	\$410.35	\$98.02	\$0.00	\$98.02
Employee + Spouse	\$500.59	\$0.00	\$500.59	\$93.86	\$0.00	\$93.86
Family	\$656.04	\$0.00	\$656.04	\$130.27	\$0.00	\$130.27

DENTAL						
Coverage level	Cigna DHMO		Cigna Base		Cigna Preferred	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
	Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$2.51	\$2.51	\$4.88	\$4.89	\$7.47	\$7.47
Employee + Child	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Employee + Children	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Employee + Spouse	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Family	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42

VISION		
Coverage level	Davis Vision	
	Drexel	Employee
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.00	\$1.00
Employee + Child	\$2.30	\$2.30
Employee + Children	\$2.30	\$2.30
Employee + Spouse	\$2.30	\$2.30
Family	\$2.30	\$2.30